

# 2018 Preventive Schedule

Effective 1/1/2018

## PLAN YOUR CARE: KNOW WHAT YOU NEED AND WHEN TO GET IT

Preventive or routine care helps us stay well or finds problems early, when they are easier to treat. The preventive guidelines on this schedule depend on your age, gender, health and family history. As a part of your health plan, you may be eligible to receive some of these preventive benefits with no cost sharing when using in-network providers.\* Make sure you know what is covered by your health plan and any requirements before you receive any of these services.

Some services and their frequency may depend on your doctor's advice. That's why it's important to talk with your doctor about the services that are right for you.

## QUESTIONS?

 **Call Member Service**



 **Ask your doctor**

 **Log in to your account**

## Adults: Ages 19+



### General Health Care



  **Routine Checkup\*\*** (This exam is not the work- or school-related physical)


- Ages 19 to 49: Every 1 to 2 years
- Ages 50 and older: Once a year


 **Pelvic, Breast Exam** Once in a benefit plan year

### Screenings/Procedures

 **Abdominal Aortic Aneurysm Screening** Ages 65 to 75 who have ever smoked: One-time screening

  **Ambulatory Blood Pressure Monitoring** To confirm new diagnosis of high blood pressure before starting treatment

 **Breast Cancer Genetic (BRCA) Screening** (Requires prior authorization) Those meeting specific high-risk criteria: One-time genetic assessment for breast and ovarian cancer risk



  **Cholesterol (Lipid) Screening**



- Ages 20 and older: Once every 5 years
- High-risk: More often



  **Colon Cancer Screening** (Including Colonoscopy)



- Ages 50 and older: Every 1 to 10 years, depending on screening test
- High-risk: Earlier or more frequently


  **Diabetes Screening** High-risk: Ages 40 and older, once every 3 years



  **Hepatitis B Screening** High-risk

  **Hepatitis C Screening** High-risk

  **Latent Tuberculosis Screening** High-risk

  **Lung Cancer Screening** (Requires use of authorized facility) Ages 55 to 80 with 30-pack per year history: Once a year for current smokers, or once a year if currently smoking or quit within past 15 years

 **Mammogram (2D and 3D)** Ages 40 and older: Once in a benefit plan year; baseline mammogram can be performed on women ages 35 to 39 based on Delaware state mandate




  **Osteoporosis (Bone Mineral Density) Screening** Ages 60 and older: Once every 2 years

Shingrix, one of the approved Shingles vaccines, is covered according to your plan wide benefits, not at 100%.












\*\*Routine checkup could include health history; physical; height, weight and blood pressure measures; body mass index (BMI) assessment; counseling for obesity, fall prevention, skin cancer and safety; depression screening; alcohol and drug abuse, and tobacco use assessment; and age-appropriate guidance.

## Adults: Ages 19+


### Screenings/Procedures

 <b>Pap Test</b>	Once in a benefit plan year
 <b>Prostate Cancer Screening</b>	Talk to your health care provider to determine if a prostate screening is recommended
 <b>Sexually Transmitted Disease (STD) Screenings and Counseling (Chlamydia, Gonorrhea, HIV and Syphilis)</b>	Sexually active males and females

### Immunizations

 <b>Chicken Pox (Varicella)</b>	Adults with no history of chicken pox: One 2-dose series
 <b>Diphtheria, Tetanus (Td/Tdap)</b>	<ul style="list-style-type: none"> <li>• One-time Tdap</li> <li>• Td booster every 10 years</li> </ul>
 <b>Flu (Influenza)</b>	Every year (Must get at your PCP's office or designated pharmacy vaccination provider; call Member Service to verify that your vaccination provider is in the Highmark network)
 <b>Haemophilus Influenzae Type B (Hib)</b>	For adults with certain medical conditions to prevent meningitis, pneumonia and other serious infections; this vaccine does not provide protection against the flu and does not replace the annual flu vaccine
 <b>Hepatitis A</b>	At-risk or per doctor's advice: One 2-dose series
 <b>Hepatitis B</b>	At-risk or per doctor's advice: One 3-dose series
 <b>Human Papillomavirus (HPV)</b>	To age 26: One 3-dose series
 <b>Measles, Mumps, Rubella (MMR)</b>	One or two doses
 <b>Meningitis*</b>	At-risk or per doctor's advice
 <b>Pneumonia</b>	High-risk or ages 65 and older: One or two doses, per lifetime
 <b>Shingles</b>	<ul style="list-style-type: none"> <li>• Zostavax - Ages 60 and older: One dose</li> <li>• Shingrix - Ages 50 and older: Two doses</li> </ul>

### Preventive Care for Pregnant Women

 <b>Screenings and Procedures</b>	<ul style="list-style-type: none"> <li>• Gestational diabetes screening</li> <li>• Hepatitis B screening and immunization, if needed</li> <li>• HIV screening</li> <li>• Syphilis screening</li> <li>• Smoking cessation counseling</li> <li>• Depression screening during pregnancy and postpartum</li> </ul>	<ul style="list-style-type: none"> <li>• Rh typing at first visit</li> <li>• Rh antibody testing for Rh-negative women</li> <li>• Tdap with every pregnancy</li> <li>• Urine culture and sensitivity at first visit</li> </ul>
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\* Meningococcal B vaccine per doctor's advice.

## Prevention of Obesity, Heart Disease and Diabetes



**Adults With BMI 25 to 29.9 (Overweight) and 30 to 39.9 (Obese) Are Eligible For:**

- Additional annual preventive office visits specifically for obesity and blood pressure measurement
- Additional nutritional counseling visits specifically for obesity
- Recommended lab tests:
  - ALT
  - AST
  - Hemoglobin A1c or fasting glucose
  - Cholesterol screening

## Adult Diabetes Prevention Program (DPP)



### **Applies to Adults**

- **Without a diagnosis of Diabetes (does not include a history of Gestational Diabetes) and**
- **Overweight or obese (determined by BMI) and**
- **Fasting Blood Glucose of 100-125 mg/dl or HGBA1c of 5.7 to 6.4 percent or Impaired Glucose Tolerance Test of 140-199mg/dl.**

Enrollment in certain select CDC recognized lifestyle change DPP programs for weight loss.

# 2018 Preventive Schedule

## PLAN YOUR CHILD'S CARE: KNOW WHAT YOUR CHILD NEEDS AND WHEN TO GET IT

Preventive or routine care helps your child stay well or finds problems early, when they are easier to treat. Most of these services may not have cost sharing if you use the plan's in-network providers. Make sure you know what is covered by your health plan and any requirements before you schedule any services for your child.

It's important to talk with your child's doctor. The frequency of services, and schedule of screenings and immunizations depends on what the doctor thinks is right for your child.

## QUESTIONS?

 **Call Member Service**

 **Ask your doctor**

 **Log in to your account**



## Children: Birth to 30 Months<sup>1</sup>

General Health Care	Birth	1M	2M	4M	6M	9M	12M	15M	18M	24M	30M
<b>Routine Checkup*</b> (This exam is not the preschool- or day care-related physical.)	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<b>Hearing Screening</b>	<div></div>										
Screenings											
<b>Autism Screening</b>									<div></div>	<div></div>	
<b>Critical Congenital Heart Disease (CCHD) Screening With Pulse Oximetry</b>	<div></div>										
<b>Developmental Screening</b>						<div></div>			<div></div>		<div></div>
<b>Hematocrit or Hemoglobin Screening</b>							<div></div>				
<b>Lead Screening</b>						<div></div>					
<b>Newborn Blood Screening</b>	<div></div>										
Immunizations											
<b>Chicken Pox</b>							Dose 1				
<b>Diphtheria, Tetanus, Pertussis (DTaP)</b>			Dose 1	Dose 2	Dose 3			Dose 4			
<b>Flu (Influenza)**</b>					Ages 6 months to 30 months: 1 or 2 doses in a benefit plan year						
<b>Haemophilus Influenzae Type B (Hib)</b>			Dose 1	Dose 2	Dose 3		Dose 4				
<b>Hepatitis A</b>							Dose 1		Dose 2		
<b>Hepatitis B</b>	Dose 1		Dose 2		Dose 3						
<b>Measles, Mumps, Rubella (MMR)</b>							Dose 1				
<b>Pneumonia</b>			Dose 1	Dose 2	Dose 3		Dose 4				
<b>Polio (IPV)</b>			Dose 1	Dose 2	Ages 6 months to 18 months: Dose 3						
<b>Rotavirus</b>			Dose 1	Dose 2	Dose 3						

\* Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance. Additional: Instrument vision screening to assess risk for ages 1 and 2 years. \*\* Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network.

# Children: 3 Years to 18 Years<sup>1</sup>

General Health Care	3Y	4Y	5Y	6Y	7Y	8Y	9Y	10Y	11Y	12Y	15Y	18Y
<b>Routine Checkup*</b> (This exam is not the preschool- or day care-related physical)	●	●	●	●	●	●	●	●	Once in a benefit plan year from ages 11 to 18			
<b>Ambulatory Blood Pressure Monitoring**</b>												●
<b>Depression Screening</b>									Once in a benefit plan year from ages 11 to 18			
<b>Hearing Screening</b>		●	●	●		●		●		●	●	
<b>Visual Screening***</b>	●	●	●	●		●		●		●	●	●
Screenings												
<b>Hematocrit or Hemoglobin Screening</b>			Annually for females during adolescence and when indicated									
<b>Lead Screening</b>	When indicated (Please also refer to your state-specific recommendations)											
Immunizations												
<b>Chicken Pox</b>		Dose 2									If not previously vaccinated: Dose 1 and 2 (4 weeks apart)	
<b>Diphtheria, Tetanus, Pertussis (DTaP)</b>		Dose 5				1 dose of Tdap if 5 doses were not received previously						1 dose every 10 yrs.
<b>Flu (Influenza)****</b>	Ages 3 to 18: 1 or 2 doses in a benefit plan year											
<b>Human Papillomavirus (HPV)</b>							Provides long-term protection against cervical and other cancers. 2 doses when started ages 9-14. 3 doses all other ages.					
<b>Measles, Mumps, Rubella (MMR)</b>		Dose 2 (at least 1 month apart from dose 1)										
<b>Meningitis*****</b>									Dose 1		Age 16: One-time booster	
<b>Pneumonia</b>	Per doctor's advice											
<b>Polio (IPV)</b>		Dose 4										
Care for Patients With Risk Factors												
<b>BRCA Mutation Screening</b> (Requires prior authorization)					Per doctor's advice							
<b>Cholesterol Screening</b>	Screening will be done based on the child's family history and risk factors											
<b>Fluoride Varnish</b> (Must use primary care doctor)	Ages 5 and younger											
<b>Hepatitis B Screening</b>									Per doctor's advice			
<b>Hepatitis C Screening</b>											High-risk	
<b>Latent Tuberculosis Screening</b>												High-risk
<b>Sexually Transmitted Disease (STD) Screenings and Counseling</b> (Chlamydia, Gonorrhea, HIV and Syphilis)									For all sexually active individuals			
<b>Tuberculin Test</b>	Per doctor's advice											

\* Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance. \*\* To confirm new diagnosis of high blood pressure before starting treatment. \*\*\* Covered when performed in doctor's office by having the child read letters of various sizes on a Snellen chart. Includes instrument vision screening for ages 3, 4 and 5 years. A comprehensive vision exam is performed by an ophthalmologist or optometrist and requires a vision benefit. \*\*\*\* Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network. \*\*\*\*\* Meningococcal B vaccine per doctor's advice.

## Children: 6 Months to 18 Years<sup>1</sup>

### Preventive Drug Measures That Require a Doctor's Prescription

<b>Oral Fluoride</b>	For preschool children older than 6 months whose primary water source is deficient in fluoride
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### Prevention of Obesity and Heart Disease

**Children With a BMI in the 85th to 94th Percentile (Overweight) and the 95th to 98th Percentile (Obese) Are Eligible For:**

- Additional annual preventive office visits specifically for obesity
- Additional nutritional counseling visits specifically for obesity
- Recommended lab tests:
  - Alanine aminotransferase (ALT)
  - Aspartate aminotransferase (AST)
  - Hemoglobin A1c or fasting glucose (FBS)
  - Cholesterol screening

### Adult Diabetes Prevention Program (DPP) Age 18



#### Applies to Adults

- Without a diagnosis of Diabetes (does not include a history of Gestational Diabetes) and
- Overweight or obese (determined by BMI) and
- Fasting Blood Glucose of 100-125 mg/dl or HGBA1c of 5.7 to 6.4 percent or Impaired Glucose Tolerance Test of 140-199mg/dl.

Enrollment in certain select CDC recognized lifestyle change DPP programs for weight loss.



## Women's Health Preventive Schedule

### Services

<b>Well-Woman Visits</b> (Including preconception and first prenatal visit)	Up to 4 visits each year for age and developmentally appropriate preventive services
<b>Contraception (Birth Control) Methods and Discussion*</b>	All women planning or capable of pregnancy

### Screenings/Procedures

<b>Diabetes Screening</b>	<ul style="list-style-type: none"> <li>• All women between 24 and 28 weeks pregnant</li> <li>• High-risk: At the first prenatal visit</li> </ul>
<b>HIV Screening and Discussion</b>	All sexually active women: Once in a benefit plan year
<b>Human Papillomavirus (HPV) Screening Testing</b>	Beginning at age 30: Every 3 years
<b>Domestic and Intimate Partner Violence Screening and Discussion</b>	Once in a benefit plan year
<b>Breast-feeding (Lactation) Support and Counseling, and Costs for Equipment</b>	During pregnancy and/or after delivery (postpartum)
<b>Sexually Transmitted Infections (STI) Discussion</b>	All sexually active women: Once in a benefit plan year

\* FDA-approved contraceptive methods may include sterilization and procedures as prescribed. One form of contraception in each of the 18 FDA-approved methods is covered without cost sharing. If the doctor recommends a clinical service or FDA-approved item based on medical necessity, there will be no cost sharing.

## Information About the Affordable Care Act (ACA)

This schedule is a reference tool for planning your family's preventive care, and lists items and services required under the Affordable Care Act (ACA), as amended. It is reviewed and updated periodically based on the advice of the U.S. Preventive Services Task Force, laws and regulations, and updates to clinical guidelines established by national medical organizations. Accordingly, the content of this schedule is subject to change. Your specific needs for preventive services may vary according to your personal risk factors. Your doctor is always your best resource for determining if you're at increased risk for a condition. Some services may require prior authorization. If you have questions about this schedule, prior authorizations or your benefit coverage, please call the Member Service number on the back of your member ID card.

Highmark Blue Cross Blue Shield Delaware is an independent licensee of the Blue Cross and Blue Shield Association.

### Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Claims Administrator/Insurer will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Claims Administrator/Insurer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## 1 Information About Children's Health Insurance Program (CHIP)

Because the Children's Health Insurance Program (CHIP) is a government-sponsored program and not subject to ACA, certain preventive benefits may not apply to CHIP members and/or may be subject to copayments.

The ACA authorizes coverage for certain additional preventive care services. These services do not apply to "grand-fathered" plans. These plans were established before March 23, 2010, and have not changed their benefit structure. If your health coverage is a grandfathered plan, you would have received notice of this in your benefit materials.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

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